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CONTENTS.

CLINICS.

LECTURE.

Lecture on Hæmoptysis: its Causes, Results, and Treatment. By GEORGE JOHNSON, M. D., Physician to King's College Hospital, etc.—Since the time of Laennec, it has been very generally assumed that hæmoptysis, when not associated with valvular disease of the heart, or vicarious of the catamenial discharge, is almost always a result and an indication of tubercular disease of the lung. I have long known and taught that this doctrine, thus broadly stated, involves a large amount of error. I have seen a considerable number of cases of hæmoptysis in which there has been no evidence of structural disease within the chest, either at the time or for months and even years afterwards. Spitting of blood is a symptom which at the best is sufficiently alarming; there is no need to aggravate its terrors by the erroneous assumption that it is almost invariably associated with serious organic disease either of the heart or the lungs.

Let a man who has once spat blood apply to an insurance office, and the probability is that he will be rejected, or required to pay a large increase of premium; yet it may be that the blood-spitting was as much the result of a harmless accident as if the nose had been the source of the bleeding. The lung is by far the most vascular organ in the body. In addition to its own nutrient bronchial vessels, the whole of the blood from every other organ passes through the pulmonary capillaries. These two systems of vessels in the lung, in consequence of their relation to each other, to the heart, to the movements of the chest, and to the function of respiration, are more liable to sudden strain and pressure than the bloodvessels of any other organ; and it would be indeed marvellous, if bleeding did not frequently occur from their accidental rupture, without previous disease.

Now let us pass in review the chief known

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causes of hæmoptysis; and by hæmoptysis in this lecture I mean hemorrhage from the air-passages, excluding cases of bleeding from the gums or fauces.

First, then, tubercular disease of the lung is a frequent cause of hæmoptysis. Certain of the pulmonary capillaries are compressed by a tubercular deposit; the surrounding vessels are subjected to increased strain; they consequently give way, and hemorrhage occurs. In a more advanced stage of the disease, when softening of the deposit is in progress, bloodvessels may be opened by ulceration. In some instances, considerable branches of the pulmonary artery in tuberculous lungs become aneurismal; and the rupture of such an aneurism may be a source of sudden, copious, and even fatal hemorrhage.

Disease on the left side of the heart is a well-known cause of hæmoptysis. Suppose an incompetent mitral valve: the left ventricle drives a portion of the blood forcibly backwards into the lungs, while the right ventricle continues to propel the blood onwards. The pulmonary capillaries, strained by the increased pressure upon their walls, give way, and the result is hæmoptysis and pulmonary apoplexy.

Disease on the right side of the heart is comparatively rare; but, when it does exist, it not unfrequently causes bronchial hæmoptysis. In the "Medical Times and Gazette" of February 13th, 1858, I published the case of a woman whose sole organic disease was great dilatation of the tricuspid orifice. The whole systemic venous system was much engorged, in consequence of the reflux of blood through the tricuspid orifice. The bronchial veins and capillaries were partakers in this engorgement, and the result was rupture of bronchial capillaries and hæmoptysis. In cases of congenital narrowing of the pulmonary artery, hæmoptysis has been a frequent symptom. This, again, is a result of a retrograde engorgement of the bronchial veins and capillaries. These patients, too, have frequently become phthisical. I shall presently refer to the occurrence of phthisis as a *consequence* of pulmonary hemorrhage.

Bronchial hæmoptysis, resulting from disease of the right side of the heart, will help us to understand the hæmoptysis of apnœa. Thus hæmoptysis, to a variable extent, is an occasional accident in cases of spasmodic asthma. What is the explanation of this? Bronchial spasm limits the supply of air to the pulmonary capillaries. In consequence, the minute pulmonary arteries, by their contraction, check the onward movement of the blood. The systemic arteries are comparatively empty, while the whole systemic venous system is distended. The bronchial veins and capillaries share in this distension; and hence bronchial mucus exudation, and occasionally bronchial hemorrhage.

Active inflammatory congestion of the pulmonary and bronchial vessels is a frequent source of hemorrhage. In most cases of pneumonia, the expectoration is more or less blood-tinged. The mucous expectoration of bronchitis is not unfrequently mixed with blood. In both pneumonia and bronchitis, profuse hæmoptysis is an occasional occurrence, quite unconnected with tubercular disease.

About three years ago, I attended one of our former house-surgeons with bronchitis. He had profuse hæmoptysis for several days in succession. I felt very anxious about him; but there were no positive physical signs of tubercular disease; and I always hoped, and expressed hope. He completely recovered, and is now actively at work. I have seen several cases of the same kind.

Plastic bronchitis is a rare disease. I have met with it only once. When it does occur, hæmoptysis is a frequent symptom.

In cases of primary cancer of the lung, the sputa are more or less blood tinged, and not unfrequently assume the appearance of red currant-jelly.

In several cases of hæmoptysis that have come under my observation, emphysema of the lung has been the only structural change that I could discover. In most of these cases, the exciting cause of the hæmoptysis has been either an attack of bronchitis or over-exertion. In one case, a fat lady with emphysematous lungs, while suffering from an attack of catarrh, had profuse hæmoptysis after walking up stairs. She died some years afterwards, of Bright's disease; but had no symptom of any other pulmonary disease than emphysema, with occasional catarrh.

A former clinical clerk, a powerful muscular man, who has overstrained his lungs and rendered them emphysematous by excessive gymnastic exertion, has twice had hæmoptysis after playing at football. He remains in good health.

Without doubt, excessive exertion may cause rupture of pulmonary vessels and hæmoptysis in persons whose lungs and heart are perfectly sound; but it is obvious that vesicular emphysema is a predisposing cause of hæmoptysis from over-exertion. Vesicular emphysema is associated with more or less obliteration of pulmonary capillaries, and with hypertrophy of the right ventricle consequent on the impeded circulation through the lungs. Therefore, when the heart's action is excited by active exercise, the pulmonary capillaries are injected with great force by the strong right ventricle, and the result may be rupture of vessels and hemorrhage.

In a considerable number of recorded cases, the irritation of the air-passages by a foreign body introduced through the larynx has been attended with bronchial hæmoptysis.

It is obvious that a blow on the chest, either with or without fracture of the ribs, and a consequent wound of the lung, may rupture vessels, and cause hæmoptysis. So an aneurism of the aorta, or of one of its primary branches, may open into the air-passages, and cause hæmoptysis.

In all the cases of hæmoptysis to which I have referred, the hemorrhage results from various forms of structural disease or injury, either in the lungs, or heart, or blood-vessels; but pulmonary hemorrhage may occur unassociated with any appreciable structural change within the chest. In some of these cases, deterioration of blood, and consequent weakening of the walls of the vessels, are the probable causes of the hemorrhage. Thus hæmoptysis is one of the forms of hemorrhage which is not unfrequently associated with scurvy, with purpura, and with uræmia. I have repeatedly seen both profuse hæmoptysis and epistaxis as results of an habitual excess of alcohol and a deficiency of nutritious food.

Hæmoptysis is occasionally vicarious of the menstrual discharge. In cases of this kind, we must guard against deception. I once had a patient whose blood-spitting was supposed to have this origin. On examination, however, I discovered the source of the bleeding in numerous scratches which she had made with a needle in the roof of her mouth. I believe that this case is a type of some other supposed cases of vicarious hæmoptysis.

Lastly, there are cases in which there is no apparent cause for the hæmoptysis; and, to conceal our ignorance, we speak of the hemorrhage as resulting from a hemorrhagic diathesis. The following case, recently in the hospital, is an example of this (vol. xxxix. p. 75).

John Herring, aged 37, a blacksmith, was admitted Dec. 18th, on account of hæmoptysis, which began ten days before his admission. He said that, for a fortnight before he began to spit blood, he had suffered from pain in the right side of the chest. The hæmoptysis began on the 8th of December, and has continued daily until his admission. One day, the 11th December, he brought up as much as three-quarters of a pint. The blood, he said, had varied in colour, sometimes being dark, at other times bright red. He said that twelve years ago he had pleurisy; that five or six weeks after this he first spat blood, and that he had since had frequent attacks of hæmoptysis. He had sometimes passed nine months without an attack; at other times he had had two attacks within a week. The blood-spitting had generally continued from twenty-four to thirty hours. If it continued longer, he usually stopped it by a dose of elixir of vitriol. Three years ago, he had inflammation of the lung, and was laid up for six months, but during this illness he had no hæmoptysis. He said that he had always been temperate. His father died of old age (upwards of 80); his mother from "change of life, and something wrong in her head." He has three brothers and a sister in good health; none have died; his grandparents all lived to old age. On admission he was a fairly nourished man; but his face and lips were pallid. He complained of a troublesome cough, and he expectorated a quantity of dark yellowish-brown blood-tinged material, having a fetid odour; his breath, too, was fetid, and there was some pain over the right side. Tongue coated, appetite bad, bowels costive, urine normal; the skin was moist; at night, sometimes profuse perspiration; pulse, 66; temperature, 99.8. Percussion gave natural resonance over the whole front of the chest; behind, there was some dulness on percussion on the right side, from the spine of the scapula to the base of the lung; over the dull space there was rather large crepitation, with diffused blowing expiration; the vocal resonance and vibration were unchanged over the dull

space; elsewhere the respiratory sounds were normal, both front and back; the heart's sounds and action were normal. He was ordered to take ten grains of gallic acid every three hours; to inhale the vapour of turpentine and boiling water night and morning. On the 22d December, the expectoration had ceased to be blood-tinged; it was of a dark-greenish colour, and still had an offensive odour. Temperature, 98.5; the dulness and crepitation over the lower lobe of the right lung were diminished; he was ordered to inhale creasote instead of turpentine. He continued steadily to improve; the expectoration gradually ceased; and he left the hospital on the 15th January. The day before his discharge, it was noted that there was normal resonance over the right lower lobe; inspiration was vesicular and free from crepitation. The only abnormal sound was somewhat prolonged expiration over the right back.

Now here is a case in which a frequently recurring hæmoptysis, extending over a period of twelve years, is pretty certainly not associated with organic disease of the lung either as a cause or a consequence. When he came in, the physical signs indicated that the lower lobe of the right lung was partially consolidated, probably by blood, which had been driven into the extreme bronchi and air-cells, where it appears to have decomposed and become fetid. This blood was gradually expectorated; the lung has recovered its normal condition; and the man has been restored to his usual state of health.

Although I have long known that hæmoptysis not unfrequently occurs unconnected with phthisis, it is only recently that I have learned that pulmonary hemorrhage is an occasional exciting cause of phthisis. Laennec taught us to believe that, when profuse hæmoptysis is quickly followed by the symptoms of a rapid phthisis, tubercles were latent in the lung and caused the hemorrhage. Niemeyer has lately revived the doctrine, which was accepted before the time of Laennec, that a copious pulmonary hemorrhage, in a person previously healthy, may be an exciting cause of phthisis. (See Niemeyer's "Text Book of Practical Medicine," translated by Drs. Humphreys and Hackley, of New York.) Niemeyer's doctrine is, that a portion of the blood, being driven down to the ultimate bronchi and air-cells, acts as a foreign body, and sets up inflammatory and degenerative changes in the lungs, from which the patient may slowly recover, or which may result in cheesy deposits, excavations, and fatal phthisis.

In the second volume of the Clinical Society's "Transactions," there are two interesting papers; one, by Dr. Christian Bäumler, on "Cases of Hæmoptysis followed by Inflammatory Changes in the Lungs;" another, by Dr. Hermann Weber, on "Hæmoptysis as a Cause of Inflammatory Processes and Phthisis." These papers are confirmatory of Niemeyer's doctrine; and I am sure that in the main the doctrine is true, for it has rendered intelligible to me some facts in my past experience which before I could not comprehend.

On the 10th May, 1867, I first saw a married lady, aged about 25, who a month before, during a violent fit of coughing, had brought up a large quantity of blood. Since the hæmoptysis, she had been weak and ill, but not confined to bed. I found all physical signs normal at the upper and front part of the chest; but, over the right base at the back, there were some dulness on percussion, and rather loose and large bubbling rhonchi. The family history indicated no tendency to phthisis. The history and the physical signs were not those of tubercular disease, of ordinary pneumonia, or of ordinary bronchitis. I have no doubt that, consequent on the pulmonary hemorrhage, blood had been driven into the lower lobe of the right lung, and had there excited inflammatory changes. I saw this lady occasionally for some months, during which she gained strength, but the physical signs remained unchanged. I have heard quite recently that her health has continued to improve; but her medical attendant in the country says there is still dulness and crepitation over the right base, and still absence of abnormal physical signs over the upper and front part of the chest. There is reason to hope that ultimately she may recover from the accidental results of the pulmonary hemorrhage, though the long continuance of the physical signs gives to the case a somewhat serious aspect.

A few months ago, I saw a case in which the fatal consequences of pulmonary hemorrhage were of an unusual character. A lady, about 40 years of age, healthy, but of a somewhat delicate frame, during the early part of September, had a troublesome dry cough, and one day she began to cough up

a large quantity of florid blood. So rapid was the hemorrhage, that at one time she was nearly suffocated, and the active bleeding continued for several hours. I first saw her at Eastbourne, on the 17th of September, a week after the onset of the bleeding. She was then expectorating small quantities of semi-solid dark blood, which had evidently been for a considerable time out of the vessels. Percussion and auscultation over the front of the chest gave quite normal results; and, as the chest-walls were thin, the air could be heard entering the lung with great clearness. Over the right lower lobe at the back, there was marked dulness on percussion, and, on auscultation, rather fine crepitation, with diffused blowing expiration. The inference was, that the right lower lobe had been partially consolidated by blood driven into its tubes and vesicles. Percussion and respiratory sounds over the left back were quite normal. The pulse and breathing were somewhat quickened, but there was no febrile excitement. A few days afterwards, I heard that the chest symptoms were better, but that the left leg below the knee had become painful and swollen, though not inflamed; and I suggested that probably some coagula from within the pulmonary capillaries, having entered the circulation, had led to the formation of coagula within the capillaries and veins of the leg. On the 4th of October, I again saw the patient. I found that, during the last few days, the painful swelling of the leg had entirely subsided, but this had been succeeded by urgent dyspnœa. The breathing was still upwards of 40 in a minute; the pulse rapid and feeble; the countenance anxious; the face pale; the lips livid. There was now normal resonance over the lower lobe of the right lung, the air entered freely, and there was scarcely a trace of crepitation left. Over every other part of the chest, percussion and respiration were quite normal. The blood which, for a time, had blocked a portion of the lung-tissue, had been expectorated, and evidently there was nothing in the state of the lung to explain the alarming dyspnœa. What, then, was its cause? Probably, a fibrinous clot, from the temporarily obstructed vein in the leg, had made its way to the right side of the heart, and there was embolic obstruction of the pulmonary artery. The dyspnœa was due, not to want of air in the lungs, but to want of moving blood. After my visit, the dyspnœa continued and increased, and she died early on the morning of the 6th October.

There was no inspection of the body, but there can be scarcely a doubt as to the sequence of events. Pulmonary hemorrhage led to impaction of blood in the lower lobe of the right lung; this was soon expelled; but, meanwhile, either blood materials absorbed from the air cells by the pulmonary capillaries, or, probably, coagula formed within the pulmonary capillaries while the blood was rendered stagnant by pressure from without, passed into the circulation, and led to the formation of coagula within the capillaries and veins of the leg; thence coagula found their way back to the right side of the heart, where they increased and caused a fatal obstruction to the circulation.

You see that pulmonary hemorrhage is a subject which demands a careful and diligent study. Each case requires a minute and accurate investigation before we can venture to give an opinion as to the cause or the probable consequence, or the appropriate treatment. There are few cases in which an off-hand inconsiderate opinion is more likely to be erroneous, and, therefore, unjustifiable, than in these cases of blood-spitting. The fact that hæmoptysis is often associated with serious organic disease, either as a cause or a consequence, renders it the more important that the antecedents and the circumstances of its occurrence should, in every case, be thoroughly investigated.

The treatment of pulmonary hemorrhage will vary somewhat according to the nature of the exciting cause. There are, however, certain general rules which are applicable to all cases. The patient must remain as absolutely at rest as possible. Bodily exertion or emotional excitement, by increasing the force and frequency of the heart's contractions, is apt to increase the bleeding, or to provoke a return. The patient should lie still, and neither move, speak, nor cough more than is absolutely necessary. A cough is a powerful provocative of pulmonary hemorrhage, and it is sometimes desirable to allay irritation and cough by a dose of morphia, or by a cautious inhalation of chloroform from time to time. Do your utmost to prevent the patient from being alarmed and excited by the sight of the blood. Let him have a plentiful supply of cool fresh air. Let him keep lumps of ice

in the mouth and swallow the cold water. Sometimes the application of ice to the chest has a powerful effect in arresting the bleeding. It should not be continued long enough to chill the patient; and it is more likely to be effectual in exciting sympathetic contraction of the deeper arteries when applied for a short time over different parts of the chest, both front and back, than when applied continuously over one part. Gallic acid I believe to be one of the best styptics in cases of pulmonary hemorrhage. It may be given in doses of ten grains, in the compound infusion of roses, every three hours, if the bleeding be copious, and less frequently as the bleeding subsides. Another useful styptic is the liquid extract of ergot. This, too, may be given every three hours, in doses of half a drachm. It may be given alone or combined with the gallic acid mixture. The oil of turpentine in 20-minim doses sometimes succeeds when other remedies fail; and I have seen the bleeding quickly arrested by the inhalation of turpentine vapour. We directed our patient, Herring, to inhale, first turpentine, and subsequently creasote, for two reasons: first, to correct the fetor of the expectoration and the breath; and, secondly, to promote the expulsion of the decomposing blood from the lung, and thus prevent the risk of mischief from its retention. You will find the inhalation of turpentine vapour an excellent expectorant in this and other cases where the object is to expel accumulated material from the air passages. An emetic of sulphate of zinc may sometimes be given for the same purpose. Dr. Weber, in the paper before referred to, recommends a combination of antimony and ipecacuanha as an emetic, partly to expel blood from the lung, and partly to arrest bleeding.—British Med. Journ., Feb. 12, 1870.

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Clinical Lecture on Various Subjects. By JAMES PAGET, F.R.S.

Mr. Paget (on Wednesday last) commented upon several of the cases admitted under his care during the preceding week into the accident wards.

Fracture of the Femur.—In reference to a man, aged 44, suffering from fracture of the femur between the middle and lower thirds, Mr. Paget made some remarks on the treatment of this injury, advocating strongly the American[1] plan of suspending the limb in a sort of trough splint by cords passing upwards and forwards, so that the line of traction forms an angle with the axis of the femur. The whole limb is raised from the bed, and the knee is a little bent. Mr. Paget prefers this apparatus to the long straight splint for the following reasons. Its use is followed by less shortening; it is much more comfortable; it allows the patient to move the body without in any way disturbing the injured limb, and thus it does away with the necessity of prolonged recumbence, an advantage which Mr. Paget thinks of no mean importance, especially in old persons.

Retention of Urine.—A man, aged 29, was admitted for retention and dribbling of urine; the latter symptom had existed for six weeks. His bladder was much distended. An attempt to pass a catheter was unsuccessful, but he passed all his urine while in a warm bath after a dose of laudanum. In comparing the effects of catheterism and the warm bath, etc., in cases of spasmodic stricture, Mr. Paget enlarged on the necessity of great caution in using instruments, and on the increased risk of making false passages when the urethra is in a softened state from congestion and inflammation; and advised that the same reliance should be placed on opium, rest, and the warm bath for reducing the swelling of the urethral tissues in cases of spasmodic stricture, as for relieving the tumefaction of the nasal mucous membrane in ordinary "cold in the head." The use of the catheter should, Mr. Paget considers, be deferred if possible for a few days, as it was in this case, and then, when the irritability of the urethra has passed away, the organic stricture, if it exists, may be treated.

Inflamed Bursa Patellæ.—This was a case in which a fall on the front of the knee had been followed by inflammation and suppuration in the bursa and a phlegmonous inflammation of the neighbouring superficial structures. Mr. Paget said that this case would serve to illustrate the curious and hitherto unexplained fact that blows upon bursæ are much more liable to be followed by severe local inflammation and suppuration than are far more extensive

[1] Mr. Paget uses a modification of Dr. Hodgen's apparatus, devised by Mr. Bloxam, Surgical Registrar of the Hospital.

contusions not involving these organs. Mr. Paget prefers to make *two* incisions into a suppurating bursa, so as to admit of very free exit for the matter.

Compound Comminuted Fracture of Femur just above the Condyles.—A woman 63 years of age fractured her femur just above the condyles; a small wound near the seat of fracture gave exit to synovia, and the accident was soon followed by effusion into the knee-joint, with heat and inflammation of that part. Several years ago she fractured the same femur at the neck, since which accident the limb has been considerably shortened, and the heel has been raised as in talipes equinus. Mr. Paget remarked that oblique fracture of the lower end of the femur, like the corresponding lesion of the humerus, is often complicated with vertical fracture extending into the joint, as in this case. The treatment recommended, when synovia escapes from a wound in such a case, was that adopted in this instance; viz., sealing the wound with collodion, irrigation with cold water if the joint become painful, hot, and distended, and the application of a long splint.

Mr. Paget alluded to several other cases of minor interest, among which were the following.

Extensive Scalp-Wound Treated by Wire Sutures.—Mr. Paget mentioned this case in order to dispel the common belief that sutures are unadvisable in treatment of scalp-wounds. He considers that sutures in these cases do not add to the risk of erysipelas—a complication which is more likely to follow wounds of the scalp than wounds of other parts, however treated.

Fracture of the Nasal Bones.—The man, aged 80, was admitted, said Mr. Paget, simply on account of his age, there being no concussion or other urgent symptoms Mr. Paget advised his hearers to bear constantly in mind that old people sometimes die from the effects of injuries which would be of quite trivial importance in young subjects.

Severe Contusion of the Leg.—Mr. Paget drew attention to this case as illustrating all the phenomena of an extensive bruise; and showing, in addition, the formation of bullæ containing blood-stained fluid of the same nature as that to which the swelling and discolorations of a bruise are due. Mr. Paget remarked that these bullæ are usually associated with fracture, and are not commonly seen in cases of simple contusion.

In mentioning and describing a case of Pott's Fracture, Mr. Paget alluded to the desirability of endeavouring to ascertain, as an aid to diagnosis, the direction in which the breaking force had been applied in all cases of fracture.—British Med. Journ., Feb. 26, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The American Medical Association will hold its twenty-first annual session in Washington, D. C., on the 3d of May next, at 11 A. M. Secretaries of all medical organizations entitled to representation should, without delay, forward to the permanent secretary, W. B. Atkinson, 1400 Pine St., Philadelphia, a list of their delegates.

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National Medical Convention for Revising the Pharmacopœia.—In compliance with a resolution of the National Convention for revising the Pharmacopœia, directing that the names of the delegates announced to the President of the Convention as having been appointed to attend the Convention, to meet on the first Wednesday of May next, at Washington, be made public in the newspapers and medical journals in March, the following names of delegates are now published, with the date at which their appointment was made known to the President, in the order of their announcement:—

May 27, 1869. St. Louis Medical College—A. Litton, M. D., J. S. B. Alleyne, M. D.

June 6, 1869. Maryland College of Pharmacy—Wm. G. Thompson, J. Faris Moore, Louis Dohme.

June 6, 1869. Missouri Medical College—Chas. O. Curtman, M. D.

June 25, 1869. St. Louis College of Pharmacy—O. F. Potter, M. D., Hubert Birum, M. D., Eugene L. Mariott.

June 25, 1869. Chicago College of Pharmacy—Albert E. Ebert, Henry Biroth, C. Lewis Diehle. Alternates—Jas. W. Mill, F. Mahle, M. D., Louis Storhl.

August 9, 1869. Jefferson Medical College—Jno. B. Biddle, M. D., B. Howard Rand, M. D.

Dec. 9, 1869. Medical Society of District of Columbia—Thos. Antisell, M. D.,

C. H. Lieberman, M. D., B. F. Creng, M. D.

Jan. 11, 1870. Medical College of Virginia—J. S. Wilford, M. D., R. S. J. Peebles, M. D.

Jan. 20, 1870. Massachusetts College of Pharmacy—Geo. F. J. Markoe, Thos. Dolliber.

Feb. 1, 1870. Medical Society State of New York—Caleb Green, M. D., Wm. Manlius Smith, M. D., Edward R. Squibb, M. D.

Feb. 3, 1870. College of Physicians of Philadelphia—Geo. B. Wood, M. D., Robt. Bridges, M. D., H. C. Wood, M. D.

Feb. 15, 1870. College of Pharmacy of the City of New York—Wm. Hegeman, Wm. Neirgard, P. W. Bedford. Alternates—Theobold Frohuein, Augustus H. Weismann, Geo. C. Close.

Feb. 16, 1870. National Medical College (Medical Department of Columbia College) Washington—Geo. W. Dore, M. D., Jno. C. Riley, M. D.

March 10, 1870. Medical Department of the University of Pennsylvania—Jos. Carson, M. D., Robt. E. Rogers, M. D.

March 18, 1870. Philadelphia College of Pharmacy—Wm. Procter, Jr., Jno. M. Maisch, Alfred B. Taylor.

The following letter has been received by the President, offering the use of a hall for the meeting and subsequent sittings of the convention:—

1407 New York Avenue,
Washington, D. C., Feb. 16, 1870.

Prof. Geo. B. Wood, M. D.,

My Dear Dr.: It affords me pleasure to inform you that at a recent meeting of the faculty of the National Medical College (Med. Dept of Columbia College, Washington), the following resolution was unanimously adopted:—

Resolved, That the Dean be instructed to tender to Prof. Geo. B. Wood, the President of the Convention to revise the Pharmacopœia, held in 1860, the college buildings for the meeting to be held in May, 1870, and to make the necessary arrangements therefor.

The building is centrally situated, in the vicinity of the principal hotels, and is well suited for the purpose.

Respectfully, your obdt. servt.,
Jno. C. Riley,
Dean of Faculty of National College.

Graduates in Medicine in 1870.—

University of Pennsylvania . .	113
Jefferson Medical College . .	160
Bellevue Hospital Medical College .	140
Massachusetts Medical College. .	39
Medical College of Ohio (Cincinnati)	56
Miami Medical College (Cincinnati)	36
Cincinnati College of Med. and Surgery	19
Buffalo Medical College . . .	41
Medical Dept. University of Nashville	58
University of Louisiana . . .	74

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University of Maryland.—Dr. Christopher Johnston has been elected to the chair of Surgery, in the place of Prof. N. R. Smith.

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Medical College of Virginia, Richmond.—The course of lectures in the summer school of this institution will begin on Wednesday, March 30, and continue four months. The lecturers are Drs. M. L. James, Practice of Medicine; J. R. Page, Obstetrics; Wm. H. Taylor, Chemistry; F. B. Walkins, Diseases of Women and Children; John G. Skelton, Physiology; Geo. Ross, Surgery; James E. Williams, Mat. Med.; Z. B. Herndon, Anatomy.

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Summer Instruction in Philadelphia.—Since the publication of our last number we have received the following announcements of courses of medical instruction in Philadelphia during the coming summer:—

Diseases of Females.—Dr. F. H. Getchell will deliver a course of twelve lectures on the surgical diseases of females, at the Catharine Street Dispensary, commencing on Wednesday, April 13th, at 3 P. M.

Ophthalmic Surgery.—A course of lectures upon the eye will be given by Dr. Geo. C. Harlan at the class room of the Medical Institute, 920 Chestnut Street, during April, May, and June.

Summer Course of Medical Instruction.—Drs. W. H. H. Githens, R. G. Curtin, G. M. Ward, and De F. Willard, will commence their summer course of medicine April 4, 1870, at their class rooms, 921 Market Street. The course will consist of examinations and lectures.

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State Medical Society of East Virginia.—We understand that an effort has been made to reorganize a medical society in Eastern Virginia, to meet at Richmond.

Auxiliaries have been formed in several of the counties, and an invitation has been extended to the members of the faculty throughout the State, to complete the organization which, since the war, has ceased to exist.

In May next, the National Association will convene in Washington city, and it is desirable to accomplish the object in time to nominate delegates to that body, and especially to contribute to the general fund of medical literature of the country.

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Michigan University Medical Journal.—This is the title of a journal conducted by the faculty of the medical department of Michigan University, the first number of which, now on our table, bears the date of March, 1870. We welcome it to our exchange list.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—The distinguished Edinburgh champion of chloroform contributes to the British Medical Journal (Feb. 26, 1870), "Remarks on a case of sudden death in ovariotomy while the patient was under the influence of chloroform." The patient was married, about 22 years of age, thin and emaciated. The tumour was as large as the pregnant uterus at the sixth or seventh month. Sir James Simpson administered chloroform upon a towel. On a post-mortem examination of the body, no disease could be found in the head or chest, or elsewhere. Sir James avoids stating the cause of death, but narrates 10 cases of death from shock, which he seems to think bear a strong resemblance to his own case. This is apparently as typical a case of death from chloroform as any that has ever occurred.

"We learn (Brit. Med. Journ., March 12, 1870) from a private source that on Wednesday, February 23d, another death from chloroform occurred in Professor Billroth's clinic at Vienna. This eminent surgeon was about to effect forcible extension of the knee on a female aged 24, when, in consequence of chloroform narcosis, hardly complete, symptoms of asphyxia prevented his proceeding with the operation. The operator at once commenced artificial respiration. The patient breathed regularly during one minute; but, before the interrupted operation could be continued, breathing became again irregular, and the pulse ceased to be perceptible. Tracheotomy was now performed, but to no effect, as the lungs only acted a few times. Finally, venesection and electro-puncture were tried, but all in vain. The post-mortem examination showed small vegetations on the valves of the heart. It is to be noted that the pulse ceased to be perceptible before respiration stopped."

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Large Doses of Quinine in Relapsing Fever.—Three cases of relapsing fever admitted into St. Bartholomew's Hospital have been treated with large doses of quinine immediately before the anticipated relapse. Two cases received each ten grains on the afternoon of the thirteenth and morning of the fourteenth day of the fever, and five grains for four succeeding mornings. The third case had one ten-grain dose on the thirteenth day, followed by four five-grain doses. The results were most satisfactory, as in none of the patients thus treated did the relapse occur. As yet, there has been no opportunity of treating others in the same way. No other patients have been treated with quinine.

Of eight other cases that occurred in this hospital, in six the second remission was accompanied by a greater fall of temperature than in the first; and, as the prostration following the remission seemed to be in proportion to the sweating and sudden fall of temperature, the danger of death is in great measure obviated, as well as the convalescence shortened by several weeks, if the relapse can be prevented.—British Med. Journ., Feb. 26, 1870.

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Local Treatment of Croup by Lactic Acid.—A knowledge of the power possessed by lactic acid to dissolve fibrinous exudations induced Dr. Adolph Weber to try it in cases of croup. At first he used it only after the operation of tracheotomy, partly with a view to keep the tracheotomy tubes clean, and partly hoping that the lactic acid might affect the membranes which extended downwards into the bronchi. The results were so favourable in both respects that he proceeded to try it in severe cases of croup before having recourse to tracheotomy. Since then he has not once had occasion to operate, and has not lost a single case of croup. In some very severe cases in which inspiration and expiration were equally ob-

structed, and the condition of the faucus indicated an abundant fibrinous exudation in the trachea, the difficulty of breathing was completely relieved within seven to ten hours of using this remedy, and two or three days after no trace of the local affection remained.

During the treatment there was not, as is generally the case, an expectoration of tough membranous sputa, but gradually the whistling barking inspiration and expiration were replaced by distinct rattling noises; the voice, before quite suppressed, began to assume a hoarse timbre, and considerable quantities of loose white frothy phlegm were expectorated during the fits of coughing, until at last the struggle for breath quite ceased, and the disease assumed more the character of a catarrhal affection of the throat.

The treatment consists in the local application of the remedy to the windpipe by means of inhalation. The patient is made to inhale a solution of lactic acid (15 to 20 drops in half an ounce of water) at first every half hour, and afterwards, when the respiration improves, every hour or every two hours a solution of 10 to 15 drops in half an ounce of water.

The inhalation is discontinued as soon as the dyspnœa has subsided, and to promote expectoration chamomile-tea is exhibited.

In using the inhalation care must be taken that the vapour does not affect the eyes or face.

With this treatment was conjoined the internal exhibition of carbonate of soda every half-hour or every hour, which was thought to exert a beneficial effect upon the exudation.—Med. Times & Gaz., Jan. 22, 1870.

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Employment of Phosphorus in Psoriasis.—Of late, several experiments with phosphorus have been made in the various hospitals of Paris. It has been tried in some cases to which it had not until now been applied. Amongst others, we may just mention the employment of phosphide of zinc in locomotor ataxy, and phosphorus in psoriasis. This last trial is due to Professor Hardy, the well-known dermatologist. M. Hardy had previously employed the substance in similar cases, and had renounced its use; but during the last few months he has resumed his researches. There are now five patients in his wards—three female and two male—subjected to this mode of treatment. One of the female patients, aged sixteen, and affected with general psoriasis, has taken every day since December 16th a teaspoonful of the following compound—oil, 150 grammes;[1] phosphorus, 10 centigrammes: and has been rubbed every night with a pomade composed of—hog's lard, 100 grm.; phosphorus, 1 grm. Under the influence of this treatment the scales have completely disappeared. No unusual symptom has been observed.

The other two females have not taken the substance internally, M. Hardy having limited the experiment to friction with the pomade. The amendment is, however, obvious, though the scales have not yet entirely disappeared. The treatment was commenced in the beginning of January.

With regard to the two men, the entire plan of treatment, internal and external, was instituted about a fortnight ago. They are also doing exceedingly well.

This mode of treatment deserves to be noticed on account of its novelty, and of the extremely favourable results which it has afforded until now. It requires, however, to be more extensively employed before any definite judgment can be formed. It also remains to be seen how it will turn out as compared with the other medicaments which are now generally employed here, such as cade oil, tar pomade, nitric-acid pomade, &c. Another point which requires to be settled is whether psoriasis will return after a successful course of treatment, and, if so, at what interval. This can only be decided by time.—Lancet, Feb. 19, 1870.

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Prurigo treated by Ointment of Iodoform,—Prof. Tanturri, of Naples, has used the ointment of iodoform in obstinate prurigo. This compound, first brought prominently into notice by Bouchardat, is now employed extensively not only for glandular enlargements, but also, owing to its anæsthetic properties, in skin diseases accompanied with intense pruritus; its odour is much more agreeable than that of chloroform, resembling that of saffron. Moretin and Humbert recommend it for internal use as possessing all the advantages of iodine, of

[1] A gramme is about 15½ grains troy; a centigramme is one-hundredth of a gramme.

which it contains 90 per cent., without any of its inconveniences. It exercises upon the sphincters a local anæsthetic effect so powerful that defecation is sometimes performed unconsciously after its use; it therefore forms an admirable suppository in cases of tenesmus, hæmorrhoids, etc. Moûtre's formula is—iodoform, powdered, gr. xx; cocoa butter, ʒj; melt and mix for six suppositories. For frictions the ointment is used in the strength of ʒj to the ounce of simple ointment.—Med. Times & Gaz., Jan. 22, 1870.

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Eczema of the Legs.—A distinction is drawn by Dr. Tilbury Fox between those cases of pustular eczema in which the pus-formation is accounted for by the intensity of the inflammation, and those in which it is not to be so explained, but rather upon the supposition of a pyogenic habit of body; and, in elderly and old subjects, the existence of a strumous tendency is thought to be often overlooked. Whilst cod-liver oil and the like are given freely to the latter class of cases, one point in the local treatment insisted upon is the avoidance of any stimulant or irritant applications; and the application of the compound lead-ointment of the old London "Pharmacopœia," during the crusty and discharging stages, constantly applied, so as to exclude the air, and subsequent strapping with diachylon or leather, are approved. There is a woman now in the hospital who has had an eczema impetiginoides of the leg for twenty-five years, off and on, and becoming much worse of late, who is now practically well of her ailment from the adoption of the above treatment.—Brit. Med. Journ., March 12, 1870.

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Parasiticides. Dr. McCall Anderson prefers to use ointment of stavesacre for body-lice. Powdered stavesacre, one ounce; lard, three ounces; digest for three hours. For scabies, he thinks sulphur the worst remedy, and prefers sponging the whole body, night and morning, with a solution of chloride of lime; or using an ointment composed of liquid storax, one ounce; lard, two ounces; mix and strain. These only kill the acarus, and do not irritate the skin. He advises epilation in sycosis and in favus. Clothing may be disinfected by exposing to the fumes of sulphur or very hot air.—Med. Press & Circular, Feb. 9, 1870.

Burns and Scalds in Children.—M. Giraldes lately made some interesting clinical remarks on this subject at the Hôpital des Enfants Malades. These lesions, he said, are very frequently met with in childhood, and formed one of the difficult points of surgical practice among children. How many burnt children only crossed the wards to be carried into the dissecting-room! Numerous were the difficulties encountered in the treatment, and therefore he thought it necessary to insist on a few points connected with the subject.

First, from a clinical point of view, the danger of a burn depended on its extent. Thus, if two cases were taken, one in which a leg had been completely roasted, even to Dupuytren's sixth degree, and another in which there existed a more superficial but far more extensive burn, the former had a much better chance of ending favourably.

Beyond this, the lesions were extremely varied. In children they were generally produced either by the clothes taking fire, or by a boiling liquid (water, beef-tea, &c.), or by the children falling into the fire. Various situations of the body—the extremities, the chest, the head, &c.—might thus be injured. Insisting on the less perilous character of deep burns, as compared with extensive ones, M. Giraldès quoted the example of lunatics who, wishing to destroy themselves, introduce their heads into a stove, and get their skulls roasted even to the cerebral substance, and yet eventually recover.

It was unimportant to go through a regular description of the lesions, according to the different degrees pointed out by Dupuytren or Webster. The clinical points of the question were of far greater interest. Thus, it was most important to study the general condition which attended burns of the second and third degree, and was accompanied by various symptoms resulting from shock, exhaustion, and nervous reaction. It entailed congestion, coma, algidity, and often ended in death. Many children brought into the wards of the Hôpital des Enfants, with extensive burns, were quite cold, could scarcely breathe, and perhaps died in twenty-four hours. Congestion of the lungs and of the brain might be developed, and at the post-mortem these lesions were detected, together with spinal congestion, serous effusion in the meninges, &c. The depression of the nervous

force thus produced was an imminent cause of danger; and so, in presence of an extensive burn, the first duty of the surgeon was to re-establish circulation and heat, and thus produce decongestion of the parts.

Sometimes death would not take place in the space of twenty-four hours; the children would survive during two or three days, and then symptoms of reaction were observed. And when the disease lasted some time more, ulceration of Peyer's patches, or other parts of the alimentary canal, would be found among the injuries noted after death.

It occasionally happened, however, that, notwithstanding the deepest or most extensive burns, the little patients would resist the injuries and shock. Locally, other phenomena would then be observed. On the burnt spots there would be a process of exudation, granulation, softening, and mortification. Abundant suppuration would follow; and the children would die through this continual drain. This suppuration formed the second difficulty against which the surgeon's efforts should be directed. The suppuration should be assisted and regulated. Amidst this process of suppuration the patients were seen to become cachectic and emaciated, losing their strength, &c. The suppuration became serous and exhausting.

This was not all. After suppuration arose a third difficulty, which again required all the earnest attention of the surgeon—namely, cicatrization. When the burn was situated in the neighbourhood of the joints, and of the natural openings, such as the mouth, &c., most distressing, and sometimes hideous, deformities might occur, and must be obviated, if possible. Forced flexion, adhesions, closure of the natural orifices, &c., might be produced.

With regard to treatment, there existed a large number of means and proceedings. The first idea which occurred to the mind was the application of cold or other agents which might abate the inflammation thus momentarily kindled. This was an excellent means, but could only be applied to burns of the limbs, and not to those of the chest, abdomen, &c.; because it would bring on general injuries in the internal viscera, which would complicate the condition of the patient.

The proceedings which consisted in shutting up the injured parts from the contact of air were more reliable, and of more extensive application. It might be a thick layer of cotton-wool, or a coating of gum arabic, of a fatty matter, &c. During the American war, slices of fresh bacon were employed with the best results. The fatty matter might be combined with an astringent substance. Thus the oleo-calcar liniment, or combination of oil with lime-water, was very generally employed.

When the burn was not limited to a mere rubefaction, but extended deeply, and brought on mortification, suppuration, &c., the suppuration was sometimes extremely difficult of cure, and resisted the ordinary means—such as fatty substances, the oil- and lime-water liniment, &c. In these, as well as in all other cases, M. Giraldès has completely abandoned the use of the liniment and has adopted a means which affords the most excellent results in burns of the first degree, and favourably modifies suppuration when it occurs. It consists in a solution of sulphate of zinc, which forms a cheap and ready remedy. The solution of zinc is formed of one gramme of the sulphate and one hundred grammes of water, and it is applied by means of wet compresses. The granulation and cicatrization form rapidly under the action of this remedy; and when there is any proliferation of cheloid, M. Giraldès cauterizes with nitrate of silver. When circumstances, topographical or otherwise, prevent the application of the ordinary means, M. Giraldès employs hog's lard simply, or a pomade formed of lard and sulphate of zinc.

Referring to the protracted cases which are so severely trying to the patient, M. Giraldès remarked that it was extremely important to support the patient by nourishing food, rum, coffee, &c. With this and the employment of proper local means satisfactory results might generally be obtained.

Before concluding his lecture, M. Giraldès briefly alluded to those cases in the neighbourhood of the joints in which the process of cicatrization might produce considerable deformities, and in which it was often desirable to employ splints or other contrivances. But the application of such apparatus to the neck was of extreme difficulty, and it was in this situation that the most varied disorders and deformities were to be seen. He had had a case under

treatment in which there was complete retraction of the lower lip.—Lancet, Feb. 19, 1870.

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Successful Ligation of Common Carotid.—The Allg. Med. Central Zeit., of December 1st, 1869, contains the case of a young man who, in a quarrel, was stabbed in the neck. Dr. Marquardt, of Thorn, found behind the angle of the right lower jaw a solution of continuity an inch long, running in a horizontal direction, and leading into a kind of sac downwards and inwards. The patient had swooned from loss of blood. An attempt was made to tie the external carotid in the wound, but without success; and it was at once resolved to tie the common carotid. This was done easily, and the patient made a good recovery. He was hale and strong a month after the operation, the ligature having come away in twenty days.—Lancet, Jan. 22, 1870.

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Nephrotomy.—On Thursday, Feb. 3, the operation of cutting into the kidney for removal of renal calculus was performed by Mr. Durham at Guy's Hospital. The theatre was crowded with students and others anxious to see so rare an operation. We believe, indeed, that there is only one instance of its performance recorded, and that was by a surgeon of Venice upon an Englishman some hundred and fifty years since. Two or three stones were then extracted to the great relief of the patient, a urinary fistula remaining in the loin. Owing, doubtless, as much to the uncertainty of the diagnostic signs of renal calculus as to the supposed risks of the procedure, the operation fell into oblivion, until a paper read before the Medico-Chirurgical Society last year by Mr. Thomas Smith, of St. Bartholomew's Hospital, again brought the subject before the notice of the profession. Although Mr. Durham's bold attempt ended in disappointment, we saw enough to convince us that, as far as cutting down upon the kidney is concerned, there is neither great difficulty nor any apparent grave risk in the proceeding. Mr. Durham made his incision along the edge of the erector spinæ, from the pelvis to the eleventh rib, and quickly reached the hilus of the kidney without difficulty, and with little or no loss of blood, but no stone was found, although the symptoms previously manifested had been such as are considered characteristic of stone in the kidney. The hilus of the kidney and the ureter, for the space of an inch and a half, were thoroughly examined, but not opened, no stone being felt, and their general appearance, as well as that of the kidney, being perfectly healthy. So far from the operation having been injurious, five days later the woman expressed herself as being more free from pain than she had been for a long time! Full details of the case will be published whenever it may be considered to have terminated, whatever the termination may be.—Med. Times & Gaz., Feb. 12, 1870.

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Excision of Kidney.—Dr. Simon, of Heidelberg, has performed a surgical operation of considerable interest. In a woman upon whom he had performed ovariotomy there remained a flow of liquid issuing from a distinct situation in the abdominal cicatrix. All remedial proceedings, and even autoplasty, were successfully tried to no purpose. The character of the fluid was then investigated, and was found to be urine, proceeding from a lesion of the ureter which had occurred during the operation. Dr. Simon then undertook a series of experiments on animals with the object of determining whether a kidney might be removed without any evil consequences to the economy. The end of these researches was the decision to extirpate the kidney, and the operation has been performed with the most satisfactory results.—Lancet, Feb. 5, 1870.

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Retained Dead Fœtus.—Dr. Alfred McClintock exhibited to the Pathological Society of Dublin an embryo five or six weeks old, which had not been expelled from the uterus until the seventh month of gestation. The patient, who was mother of several children, had suffered for some time from severe uterine hemorrhages. These were found to depend on the presence of the dead fœtus. Dr. McClintock called attention to the absence of any evidence of putrefaction in connection with the specimen. He also alluded to the importance, from a medico-legal point of view, of arriving at a correct opinion regarding a case of the kind, where an embryo, whose vitality had long since ceased, was retained, perhaps for months, in the uterus.—British Med. Journ., Jan. 29, 1870.

Nail passed safely through the Alimentary Canal of a Baby.—Mr. Blower relates (British Med. Journ., Feb. 26, 1870) the case of a baby brought to him in a state of suffocation. "Passing my fingers into the fauces, I felt a piece of iron right across. A slight touch dislodged it; and, to my great dismay, it went down. The child immediately recovered its breath, and was soon at the breast. I desired the mother to give nothing but the breast-milk, and to watch carefully the motions. The next day, the poor woman came with the nail which I have now before me. It is two inches long, and a quarter of an inch broad at the head; the point is rather blunt."

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Scarlatina.—In the Whitechapel district, the deaths from scarlatina during the first three quarters of 1869 were at the rate of 247 to 100,000, the corresponding number for all London being 152. These proportions are considerably more than double the annual mortality from the same disease for the preceding nineteen years.—Brit. Med. Journ., March 12, 1870.

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Smallpox and Vaccination in Paris.—The prevalence of smallpox in Paris has been attended by a failure in the supply of vaccine matter. The government has therefore granted the Academy of Medicine 2000 francs, in order to keep up a supply from the heifer. The Municipal Council of Paris, on the proposal of the Prefect of the Seine, has voted 10,000 francs for the organization of a system of gratuitous vaccination and revaccination at each of the *mairies* of Paris. The Prefect has given notice to each of the mayors of Paris that, on and after March 2d, and throughout the prevalence of the present epidemic, vaccination from the heifer will be performed at each *mairie* in turn, from the heifer. The inhabitants of Paris are availing themselves of the opportunity to a very great extent. On one morning of this week, as many as two thousand persons presented themselves for vaccination at one *mairie* alone.—Brit. Med. Journ., March 12, 1870.

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Cause of Œdema.—We suppose that if any of our readers were asked what would be the effect of suddenly applying a ligature to the principal vein of a limb, or in any other way arresting the return of the blood through it, the immediate answer would be, that congestion would occur, which would relieve itself by serous exudation through the coats of the vessels; or, in other words, that œdema of the whole limb below the point at which the circulation was arrested would take place. If, however, it were further urged that cases daily come under observation in which particular veins have become obliterated by the pressure of tumours or what not, and yet that such obliteration is not followed by any œdema or dropsical accumulation, the stereotyped reply would be, that in such cases the retardation of the blood current had occurred so slowly that sufficient time had elapsed to enable the collateral channels to become dilated, and to convey by a thousand smaller vessels the blood which was previously transmitted by one. At a recent *séance* of the Académie des Sciences, however, M. Ranvier adduced certain experiments which, if they do not absolutely disprove the ordinarily received views, at least are strongly suggestive of the suspicion with which we should regard all traditional dogmas, however high the authority by which they are supported.

The views above mentioned seem to date from the experiments made by our countryman, Richard Lower, who, in his "Essay on the Heart and on the Colour and Movement of the Blood," first showed that tying the vena cava was followed by ascites, and ligature of the jugular veins by œdema of the head, with copious flow of saliva and tears, resembling, as he says, the salivation produced by mercury, terminating in two days in suffocation. Although apparently conclusive, these experiments were not universally accepted, and even so recent an observer as Hodgson states that he had seen several instances in which the femoral vein was obliterated, and one in which it was included in a ligature, without any unfavourable consequence. In 1823, M. Bouillaud, in an important memoir that was published in the "Archives Général de Médecine," again took up the views of Lower, and corroborated them by the details of cases in which, when œdema affected a certain portion of the body, he found the corresponding vein obliterated either by a tumour or by a clot which had formed after delivery. From the period when this memoir appeared the general impression has been that the obliteration of the principal vein of a part sufficiently accounts for

œdema into its tissue. M. Ranvier, however, appears to have been dissatisfied with the accepted views on the subject, and proceeded to repeat the second experiment of Lower. He tied the two jugular veins at the interior part of the neck in a dog and in a rabbit. To his surprise, however, these animals presented no discharge of tears, no salivation nor any œdema of the head. In other experiments he ligatured the femoral vein immediately below the crural ring in the dog; but here again no œdema occurred either on the day of operation or at any subsequent period. These results, consequently, were in accordance with those observed by Hodgson in man. Lastly, he applied the ligature to the inferior vena cava, but still no œdema occurred. He then conceived the idea of favouring the production of dropsy by paralyzing the vaso-motor nerves, and, recalling the experiments and observations of M. Claude Bernard, he divided the sciatic nerve on one side in a dog, whose vena cava inferior had previously been tied. On this side a considerable degree of œdema immediately supervened, whilst the opposite hind limb remained in its ordinary condition. This remarkable experiment was performed three times, and on each occasion with the same results. From these experiments M. Ranvier believes that he is justified in concluding that mere ligature of the veins does not, in the dog at least, produce œdema; but that after obliteration of the veins, dropsy may be caused by section of the vaso-motor nerves. The same probably holds good in the case of man, and it is easy to comprehend how important are the practical results that may follow the application of this view.—Lancet, March 12, 1870.

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Puerperal Diseases.—At a meeting of the London Obstetrical Society, Dr. Braxton Hicks read a paper on Puerperal Diseases, based on reports of eighty-six cases occurring after simple labour in private practice. He showed that in more than three-fourths of these cases the patients had been exposed to some kind of animal poison (in thirty-six cases to that of scarlet fever); and endeavoured to impress upon his hearers the great importance of removing the sources of such poisons from the neighbourhood of parturient women.—Lancet, Feb. 19, 1870.

Mortality as dependent upon Defective House Construction.—A lecture on this important subject was recently delivered by Professor Gairdner before the Philosophical Society of Glasgow. In this he pointed out the causes and evils of overcrowding, and why this should be so much more injurious in towns than in country districts, inasmuch as in the former it was not merely the apartment but the area that was overcrowded. Dr. Gairdner insisted that eight points were essential to the proper construction of a house: 1. Adequate cubic space in the sleeping apartments; the only way of providing this being, in his opinion, to throw the responsibility for overcrowding upon the owners, and not, as now, upon the occupiers. 2. Proper means of separation and privacy for the sexes within the houses; and in regard to this, while prescribing one room tenements as wholly inadmissible in a well-regulated town, he yet advocated their permission in such exceptional cases as of a newly-married couple, an old couple whose children had left them, or in the case of widows. 3. Proper means of access; in speaking of which he adverted to the horribly filthy and injurious plan of closing-in common stairs at the top, and ventilating all the water-closets in the tenement into them. 4. Proper lighting as well as ventilation of both rooms and passages. 5. Adequate privy accommodation. 6. Adequate water supply. 7. Baths and wash-houses. 8, and last. Proper airing and recreation ground. —Edinburgh Med. Journ., March, 1870.

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Relapsing Fever in Edinburgh.—This fever has at last broken out in Edinburgh in two different localities, without, we believe, any contagious influence being traceable in either case. The history of this outbreak, carefully recorded, as we hope it shall be, must form one of the most interesting episodes in the modern history of fever, as well as a not unimportant contribution to the vexed question of change of type.—Edinburgh Med. Journ., March, 1870.

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Transfusion.—This operation has been successfully performed by Dr. Beatty, Colles, and McDonnell, of Dublin, in a case of uterine hemorrhage. About ten ounces of blood were injected, taken from the husband of the lady.

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Though at first we entertained the preconceived view that little could be gained by an American edition of any work upon physiology, we now hold to the very opposite opinion. It has features which strongly demand recognition, and we regard it as a work upon physiology, both human and comparative, of great merit, one which will be chosen by teachers in schools and students in natural science as admirably adapted to their wants. The student of medicine will be attracted by it, as it presents a concise and comprehensive summary of modern physiological science, and the practitioner of medicine will be pleased with it, since every topic within the whole range of the science of life is noticed, to greater or less extent, as its importance demands.—*Buffalo Med. and Surg. Journal,* Dec. 1868.

Though modestly claiming to be only the "Outlines of Physiology," a careful perusal of its contents will convince the student that the whole field has been thoroughly explored for treasures, new and old, and the entire domain of physiology, human and comparative, brought under closest scrutiny; so that no fact, experiment, or deduction of any importance, that has become known to the science of the present time, has been omitted. From what has been said, the reader will readily gather that the work of Mr. Marshall is regarded by us in a very favorable light. As already intimated, it quite fulfils, in our opinion, the author's design of making it truly *educational* in its character—which is, perhaps, the highest commendation that can be asked. The additions of the American editor are necessarily few, but always judicious; and we may congratulate him on having selected so excellent a text-book for the University classes.—*American Med. Journal,* Jan. 1869.

Another practical feature in the arrangement of the work is the demonstration of many physiological phenomena by practical illustrations in chemistry, thus embracing, as it were, the two sciences in the consideration of each subject. The improvements and additions by the American editor are but few, yet such as to contribute much to the utility of the book, rendering it, at present, probably the most complete and comprehensive work of the kind in the English language.—*St. Louis Med. Archives,* March, 1869.

We doubt if there is in the English language any compend of physiology more useful to the student than this work.—*St. Louis Med. and Surg. Journal,* Jan. 1869.

This made us hope that the physiology given us would be of the most practical and useful kind; and we found it to be so. It contains that kind of physiology which is most necessary to the practical physician and surgeon, although the book was originally planned for students of medicine and surgery. It will be seen that this is not a mere elementary text-book, but one better adapted to the advanced student, junior practitioner, and to all imperfectly educated physicians and surgeons. It is clearly and beautifully written, its perusal reminding one of the old pleasures which used to be afforded in reading Watson's Practice of Medicine. It lies constantly on our library table; we consult it frequently, and always with pleasure and profit.—*N. Y. Med. Gazette,* March 13, 1869.

Viewed in the light of a contribution to a particular department of Science, it has in its way no equal. Its plan of arrangement of subjects, as well as the thorough treatment of such subjects, is its real recommendation to such as desire to form a thorough, substantial groundwork-knowledge of physiology. Designed for purely educational purposes, the science is treated as dependent on comparative anatomy, chemistry, and physics, and successful pains are taken to interest as well as instruct. The importance of a more or less thorough knowledge of the allied sciences in enabling the student to appreciate the truths embodied in physiology, is now universally acknowledged by teachers, and it is with feelings of no small gratification that we welcome the work before us as the *beau-ideal* of one that ministers to such a necessity.—*New York Med. Record,* Feb. 1, 1869.

Though thus comprehensive, it is yet concise, the author having managed by careful condensation to keep it within the limits of a modern text-book, for which purpose it appears to us admirably adapted.—*Pacific Med. and Surg. Journal,* Jan. 1869.

The fact that Professor Smith edits the American reprint of this work, with valuable contributions of his own, from a belief that it will thus become the best text-book for his class in the University, is of itself high praise. The more closely we examine the work the more thorough is our conviction that Professor Smith has not estimated it too highly. The student feels this as he progresses in the work, and the feeling of warm attachment this experience gives him for the author enables him the more readily to assimilate its contents. It is a most attractive work upon physiology, and with the many advantages it possesses as "an educational work" we do not see what is to hinder it from becoming a text-book in our medical colleges generally.—*Nashville Journal of Medicine and Surgery,* Feb. 1869.

We shall proceed to point out, in as brief a manner as possible, the peculiarities of this really splendid work. On this special branch of medical science, as a text-book for the student or a work of reference for the practitioner, it is unequalled. In conclusion, we can only say, that it is well worth the attention of the profession; every medical man should have it as a work for reference, and every student of medicine will find it the most complete of any ever issued upon the subject.—*Dominion Med. Journal,* Dec. 1868.

HENRY C. LEA, Philadelphia.